

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE TO ELECT DENNIS FOX

IMPORTANT: Indicate by # type of committee you are reporting for: 7

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

DENNIS FOX

Political Party (if applicable)

Office Sought

SCHOOL BOARD

District (if Senate or House)

FORM  
**DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_

Logged In \_\_\_\_\_

Scanned \_\_\_\_\_

Computer \_\_\_\_\_

Audited \_\_\_\_\_

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
2009 SEP -1 PM 2:22

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Rethanne Meloy  
SIGNATURE OF PERSON FILING REPORT

563-262-5208  
TELEPHONE

9-1-2009  
DATE SIGNED

I AM FILING A SEPTEMBER 1, 2009 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

SEPTEMBER 8, 2009

County & Local Committees, enter County in  
which Election is held  
MUSCATINE

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

2,570.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL..... \$ 2,570.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2,492.96

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

77.04

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

65.36

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE TO ELECT DENNIS FOX

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
06/12/2009	ID# CK#	SUE KOERHSEN 510 SECOND ST MUSCATINE, IA 52761		\$75.00	<input type="checkbox"/>
06/18/2009	ID# CK#	GARY OR SHERYL CARLSON 104 DEERPATH LANE MUSCATINE, IA 52761		\$250.00	<input type="checkbox"/>
06/25/2009	ID# CK#	JOAN AXEL 208 W SECOND ST #300 MUSCATINE, IA 52761		\$50.00	<input type="checkbox"/>
07/08/2009	ID# CK#	JIM OR JANET SICHTERMAN 2660 TIMBERBROOK COURT MUSCATINE, IA 52761		\$200.00	<input type="checkbox"/>
07/09/2009	ID# CK#	TERRY OR CARA FULLER 2653 TIMBERBROOK COURT MUSCATINE, IA 52761		\$100.00	<input type="checkbox"/>
07/14/2009	ID# CK#	DAVID OR GAIL UTLEY 520 WOODLAND WAY MUSCATINE, IA 52761		\$50.00	<input type="checkbox"/>
07/15/2009	ID# CK#	R.F. WEIS AND K.A. WEIS 2315 STONEBROOK DR MUSCATINE, IA 52761		\$25.00	<input type="checkbox"/>
07/15/2009	ID# CK#	CHUCK AND JOYCE VESEY 2456 PRAIRIE ROSE RIDGE MUSCATINE, IA 52761		\$50.00	<input type="checkbox"/>
07/13/2009	ID# CK#	ROGER LANDE 515 W. SECOND ST MUSCATINE, IA 52761		\$25.00	<input type="checkbox"/>
07/15/2009	ID# CK#	O. RICHARD MAEGLIN PO BOX 382 MUSCATINE, IA 52761		\$50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 875.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTSCHECK THIS BOX IF  
AMENDING FORM**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE TO ELECT DENNIS FOX

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07/22/2009	ID# CK#	RON AND BARB SOENKSEN 1015 W. WATE ST WILTON, IA 52778		\$20.00	<input type="checkbox"/>
07/21/2009	ID# CK#	JOHN OR VICKI BECKEY 1923 N. TIPTON RD MUSCATINE, IA 52761		\$50.00	<input type="checkbox"/>
07/22/2009	ID# CK#	LARRY OR SUE EMMERT 605 SUNSET DRIVE MUSCATINE, IA 52761		\$200.00	<input type="checkbox"/>
07/22/2009	ID# CK#	WARREN AND PAMELA HEIDBREDER 406 HOGAN COURT MUSCATINE, IA 52761		\$100.00	<input type="checkbox"/>
07/23/2009	ID# CK#	D. DIANE AND THOMAS NORTON 401 HOGAN CT. MUSCATINE, IA 52761		\$50.00	<input type="checkbox"/>
07/29/2009	ID# CK#	STAN OR MONA S. ASKREN 2301 STONEBROOK DR. MUSCATINE, IA 52761		\$50.00	<input type="checkbox"/>
07/28/2009	ID# CK#	MARY WILDERMUTH 2520 MULBERRY AVE. MUSCATINE, IA 52761		\$25.00	<input type="checkbox"/>
07/29/2009	ID# CK#	ROBRT OR GAIL LANDE 412 WOODCREST LANE MUSCTAINE, IA 52761		\$25.00	<input type="checkbox"/>
07/31/2009	ID# CK#	DENNIS OR LINDA MCDONALD 414 HOGAN CT. MUSCTAINE, IA 52761		\$100.00	<input type="checkbox"/>
08/01/2009	ID# CK#	TOM FURLONG 1745 - 231 ST. LETTS, IA 52754		\$50.00	<input type="checkbox"/>

SUB-TOTAL

\$670.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE TO ELECT DENNIS FOX

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/14/2009	ID# CK#	CHARLES OR ELIZABETH COULTER 3145 DUBUQUE ST. NE IOWA CITY, IA 52240		\$50.00	<input type="checkbox"/>
08/06/2009	ID# CK#	MARK MATHER 2682 TOM SAWYER MUSCATINE, IA 52761		\$25.00	<input type="checkbox"/>
08/13/2009	ID# CK#	MARTIN AND RUTH CARVER 10 BYRON LANE MUSCATINE, IA 52761		\$200.00	<input type="checkbox"/>
08/13/2009	ID# CK#	DENNIS FOX 2676 BECKY THATCHER RD. MUSCATINE, IA 52761	SELF	\$300.00	<input type="checkbox"/>
08/18/2009	ID# CK#	SAUL AND JOAN SOLOMON 506 W SECOND ST MUSCATINE, IA 52761		\$200.00	<input type="checkbox"/>
08/17/2009	ID# CK#	JANET HENDERSON 704 MULBERRY AVE. MUSCATINE, IA 52761		\$75.00	<input type="checkbox"/>
08/19/2009	ID# CK#	MYRON AND AMY EICHELBERGER 2146 HWY 22 MUSCATINE, IA 52761		\$50.00	<input type="checkbox"/>
08/25/2009	ID# CK#	JIM AND TAMMY STEIN 2975 HWY 22 MUSCATINE, IA 52761-9413		\$100.00	<input type="checkbox"/>
08/25/2009	ID# CK#	CECIL AND KATHERINE VANDYGRIF, JR. 3279 HWY 22 MUSCATINE, IA 52761		\$25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$1,025.00

TOTAL (If last page of this schedule)

\$2,570.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF</b> <b>AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

COMMITTEE TO ELECT DENNIS FOX

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/09/2009	ID# CK# 1001	HYVEE 2400 2ND AVE MUSCATINE, IA 52761	ENVELOPES	\$ 7.92
07/09/2009	ID# CK# 1002	HYVEE 2400 2ND AVE MUSCATINE, IA 52761	POSTAGE STAMPS	\$17.60
07/09/2009	ID# CK# 1003	JOSEPH'S INTL PACK N SHIP 200 CLEVELAND ST STE A MUSCATINE, IA 52761	POSTAGE STAMPS	\$49.90
07/10/2009	ID# CK# 1004	JOSEPH'S INTL PACK N SHIP 200 CLEVELAND ST STE A MUSCATINE, IA 52761	POSTAGE STAMPS	\$58.80
07/22/2009	ID# CK# 1005	HYVEE 2400 2ND AVEN MUSCATINE, IA 52761	THANK YOU CARDS	\$10.68
08/07/2009	ID# CK# 1006	VICTORY STORE 5200 SW 30TH ST DAVENPORT, IA 52802	YARD SIGNS AND STAKES	\$784.31
08/13/2009	ID# CK# 1007	MAILBOXES AND PARCEL POST 2807 UNIVERSITY DR MUSCATINE, IA 52761	1,000 COLOR FLYERS	\$374.50
08/28/2009	ID# CK# 1008	PRAIRIE RADIO COMMUNICATIONS 3218 MULBERRY AVE MUSCATINE, IA 52761	RADIO BROADCAST TIME	\$318.75
SUB-TOTAL				\$1,622.46
TOTAL (If last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT DENNIS FOX

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
08/28/2009	ID# CK# 1009	MUSCATINE JOURNAL 301 E THIRD ST MUSCATINE, IA 52761	NEWSPAPER CAMPAIGN ADVERTISING	\$ 606.50
08/28/2009	ID# CK# 1010	HYVEE 2400 2ND AVEN MUSCATINE, IA 52761	POSTAGE STAMPS	264.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 870.50
TOTAL (If last page of this schedule)				\$ 2,492.96

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)  
COMMITTEE TO ELECT DENNIS FOX

Reset Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
06/12/2009	RUTHANNE MELOY 107 SPRUCE ST MUSCATINE, IA 52761	NONE	LUNCH FOR PLANNING COMMITTEE	\$ 41.67	<input type="checkbox"/>
06/15/2009	RUTHANNE MELOY 107 SPRUCE ST MUSCATINE, IA 52761	NONE	THANK YOU CARDS	10.69	<input type="checkbox"/>
08/04/2009	CARA FULLER 2653 TIMBERBROOK COURT MUSCATINE, IA 52761	NONE	AUDITOR SCHOOL BOARD LIST OF PAST Voters	13.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 65.36	
TOTAL (If last page of this schedule)				\$ 65.36	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)